Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2/24/04.

I. DISPUTE

Whether there should be additional reimbursement for durable medical equipment for dates of service 2/25/03 and 3/25/03.

II. FINDINGS

Pursuant to Rule 133.308(i)(8), the Commission previously dismissed the medical necessity components as the file contained only unresolved medical fees issues.

III. RATIONALE

HCPCS Code E1399-RR Date of Service 2/25/03

The Carrier denied reimbursement as "U RE – Unnecessary medical treatment – supplies provided exceed usual and customary and medical necessity has not been established. S YS M RD – Supplemental payment. The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B)."

HCPCS Code E1399-RR Date of Service 3/25/03

The Carrier denied reimbursement as "U RG YU – The treatment/service provided exceeds medically accepted utilization review criteria and/or reimbursement guidelines established for severity of injury, intensity of service and appropriateness of care. This service has been deemed unnecessary medical treatment based on a review of the claim file, billing records, and/or written review protocols established for appropriate health care treatment. S YS M RD – Supplemental payment. The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B)."

According to the Requestor's HCFA-1500 they billed $250.00 for each date of service for the rental of an RS4i 4 CH Monitor Combo NMS/IF. According to the 1996 Medical Fee Guideline DME GR IX (C), "Invoices shall be billed at the Provider's usual and customary rate. Reimbursement shall be an amount pre-negotiated between the Provider and carrier or is there is no pre-negotiated rate amount, the fair and reasonable rate." The Requestor did not respond to the Commission's request for additional documentation that was faxed to the Requestor on 3/05/04.

The Requestor did not submit evidence to show that their charges were fair and reasonable and did not prove that the Respondent's rate of reimbursement was not fair and reasonable.

Rule 133.307(g)(3)(D) requires the Requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is not** entitled to reimbursement.

The above Decision is hereby issued this 20th day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd